

**COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY**

As below named inventors, we hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names.

We believe we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled
BIFURCATED PROSTHETIC GRAFT

the specification of which (check one)

X is attached hereto.

_____ was filed on _____ in the United States Patent and Trademark Office as Application Serial No. _____ and was amended on N/A (if applicable).

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

We hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Attorney Docket: TER1002US
Declaration for Patent Application

PRIORITY FOREIGN APPLICATION(S)

Priority Claimed

N/A		(Number)	(Country)	(Day/month/year filed)	Yes	No
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We hereby claim the benefit under Title 35, United States Code, Section 120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

N/A		(Application Serial No.)	(Filing Date)	(Status) (patented, pending/ abandoned)
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We hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith: Thomas E. Popovich (Reg. No. 30,099); Terry L. Wiles (Reg. No. 29,989); Patrick J. O'Connell (Reg. No. 33,984); Kevin W. Cyr (Reg. No. 40,976); and Miriam G. Simmons (Reg. No. 34,727).

Address all telephone calls to: Terry L. Wiles at (612) 334-8992.

Address all correspondence to: Terry L. Wiles, Popovich & Wiles, PA, Suite 1902, IDS Center, 80 South 8th Street, Minneapolis, Minnesota 55402-2111.

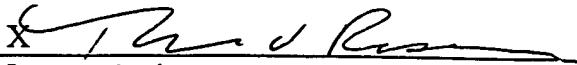
We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Attorney Docket: TER1002US
Declaration for Patent Application

Thomas V. Ressemann
Full name of third joint inventor

3-16-98
Date

USA
Citizenship


Inventor's signature

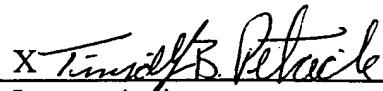
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St. Cloud, Minnesota 56303
Residence

1730 Boxwood Circle
St. Cloud, Minnesota 56303
Post Office Address

Timothy B. Petrick
Full name of third joint inventor

3/16/98
Date

USA
Citizenship


Inventor's signature

9006 Trinity Gardens North
Brooklyn Park, Minnesota 55443
Residence

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Brooklyn Park, Minnesota 55443
Post Office Address

Applicants or Patentees: Thomas V. Ressemann and Timothy B. Petrick

Serial No.: 09/039,779

Filed: March 16, 1998

For: Bifurcated Prosthetic Graft

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 C.F.R. 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

- () the owner of the small business concern identified below:
(X) an official of the small business concern empowered to act on behalf
of the concern identified below:

NAME OF CONCERN: TERAMed Inc.

ADDRESS OF CONCERN: 1350 Energy Lane, Suite 105
St. Paul, Minnesota 55108

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 C.F.R. 121.3-18, and reproduced in 37 C.F.R. 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled "Bifurcated Prosthetic Graft" by inventors Thomas V. Ressemann and Timothy B. Petrick described in

- () the specification filed herewith
(x) application serial no. 09/039,779, filed March 16, 1998
() patent no. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 C.F.R. 1.9(d) or by any concern which would not qualify as a small business concern under 37 C.F.R. 1.9(d) or a nonprofit organization under 37 C.F.R. 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. 1.27)

FULL NAME: N/A

ADDRESS:

() INDIVIDUAL
ORGANIZATION

() SMALL BUSINESS CONCERN

() NONPROFIT

FULL NAME:

ADDRESS:

() INDIVIDUAL
ORGANIZATION

() SMALL BUSINESS CONCERN

() NONPROFIT

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that the statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of person signing

Edward S. Andrle

Title of person other than owner

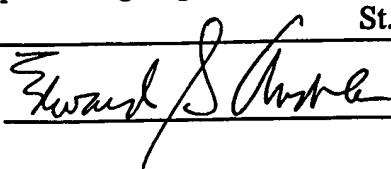
President and Chief Executive Officer

Address of person signing

1350 Energy Lane, Suite 105

St. Paul, MN 55108

Signature



Date Feb 2, 1999